



Express Mail No. EQ 518947561 US

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Application of: **Brines *et al.*** Confirmation No.: **2092**  
Serial No.: **10/573,905** Art Unit: **1647**  
Filed: **May 30, 2006** Examiner: **DeBerry, Regina M.**  
For: **TISSUE PROTECTIVE  
CYTOKINES FOR THE  
TREATMENT AND  
PREVENTION OF SEPSIS AND  
THE FORMATION OF  
ADHESIONS** Attorney Docket No: **WP03-1A04-US**

**AMENDMENT FEE TRANSMITTAL SHEET**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

The fee required to be filed with the accompanying amendment of even date herewith concerning the above-identified application has been estimated to be \$0.00.

The claim amendment fee has been estimated as shown below:

(Col. 1)	(Col. 2)	(Col. 3)	<input type="checkbox"/> SMALL ENTITY		<input checked="" type="checkbox"/> OTHER THAN A SMALL ENTITY		
CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID	PRESENT EXTRA	RATE	ADDT. FEE	OR	RATE	ADDT. FEE
<b>TOTAL</b>	<b>63</b>	<b>MINUS</b>	<b>73</b>	<b>0</b>	<b>x 25</b>	<b>\$</b>	<b>x 50</b>
<b>INDEP.</b>	<b>9</b>	<b>MINUS</b>	<b>9</b>	<b>0</b>	<b>x 105</b>	<b>\$</b>	<b>x 210</b>
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				<b>\$</b>		<b>\$</b>	<b>0.00</b>
				<b>TOTAL</b>	<b>\$</b>	<b>OR</b>	<b>TOTAL</b>
							<b>\$ 0.00</b>

Please charge the required fee to \$0.00. A copy of this sheet is enclosed.

Respectfully submitted,

Date: August 4, 2008

 **42,623**  
Frederick J. Hamble (Reg. No.)

Enclosure



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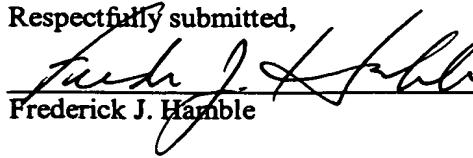
The claim amendment fee has been estimated as shown below:

(Col. 1)		(Col. 2)	(Col. 3)	<input type="checkbox"/> SMALL ENTITY		<input checked="" type="checkbox"/> OTHER THAN A SMALL ENTITY		
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID	PRESENT EXTRA	RATE	ADDIT. FEE	OR	RATE	ADDIT. FEE
TOTAL	63	MINUS	73	0	x 25	\$	x 50	\$
INDEP.	9	MINUS	9	0	x 105	\$	x 210	\$
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					\$	\$	\$	0.00
				TOTAL	\$	OR	TOTAL	\$
								0.00

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